

EXHIBIT MR 2

ANICIA TOMOKANE



Commonwealth of the Northern Mariana Islands
Office of the Governor

Saipan, Mariana Islands 96950

Phone: 6407/6408/6581
Telex: 783-622 Gov. NMJ

SEP 11 1986

Mrs. Anicia Q. Tomokane
Garapan Village
Saipan, CM 96950

Dear Mrs. Tomokane:

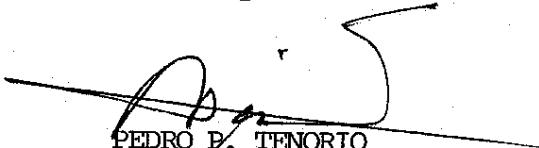
I am pleased to appoint you to the position of Special Assistant for Women's Affairs which was established pursuant to Constitutional Amendment No. 21.

This appointment shall take effect on September 13, 1986 and does not require the advice and consent of the Senate.

The duties and responsibilities of this position are set forth in Section b) of the above referenced Constitutional Amendment. I am confident that you will represent women's interests in an impartial and effective manner and I look forward to working closely with you during the remainder of my term in office.

Congratulations and best wishes. If I can be of any assistance, please do not hesitate to contact me.

Sincerely,


PEDRO P. TENORIO
Governor

CC: President of the Senate
Speaker, House of Representatives
Special Advisor for Political Affairs

COMMONWEALTH OF THE NORTHERN MARIANAS ISLANDS
OFFICE OF THE CIVIL SERVICE COMMISSION
P.O. Box 150 CHRB, Saipan, CM 96950

CSC-P-01

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE: To be filled in by Requesting Office. Fill in all spaces applicable to the personnel action requested. See Personnel Procedural Manual, Part III, Sub-Part B, for instructions.

1. NAME (CAPS) LAST-FIRST-MIDDLE		MR. — MISS — MRS.	2. BIRTH DATE (Mo., Day, Year)	3. SOCIAL SECURITY NO.
TOMOKANE, Anicia Q.		Mrs.	10/18/55	586-10-9518
A. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify appointment, reassignment, resignation, etc.) <i>Appointment</i>		B. REQUEST NUMBER	C. DATE OF REQUEST	
(2) POSITION (Specify establish, review, abolish, etc.) <i>Established</i>		D. PROPOSED EFFECTIVE DATE <i>August 31, 1986</i>		
4. PERSONNEL OFFICE USE ONLY				
A. LIFE INSURANCE CODE: COVERED <input type="checkbox"/> INELIGIBLE <input type="checkbox"/> WAIVED <input type="checkbox"/>		B. HEALTH INSURANCE CODE: COVERED <input type="checkbox"/> INELIGIBLE <input type="checkbox"/> WAIVED <input type="checkbox"/>		
C. SERVICE COMP. DATE		D. TENURE GROUP	E. CITIZENSHIP <i>CNMI</i>	F. HANDICAP CODE <i>N/A</i>
G. NATURE OF ACTION CODE		H. EFFECTIVE DATE <i>9/13/86</i>	I. AUTHORITY: <i>Constitutional Amend. # 21</i>	
5. FROM: POSITION TITLE AND NUMBER			6. (a) Level (b) Step	7. DIFFERENTIALS
				8. Bi-weekly Salary Per Annum Salary
9. NAME AND LOCATION OF EMPLOYING OFFICE				
10. TO: POSITION TITLE AND NUMBER Women's Affairs			11. (a) Level (b) Step	12. DIFFERENTIALS
				13. Bi-weekly Salary \$961.53 Per Annum Salary \$25,000.00
14. NAME AND LOCATION OF EMPLOYING OFFICE Office of the Governor				
15. DUTY STATION (City-country-state) Saipan				
16. FUNDING (Account Number) 1011-4110			APPROVED (Budget Officer) <i>James H. Ripple, Acting</i>	17. <input type="checkbox"/> PERSONNEL SERVICE SYSTEM <input checked="" type="checkbox"/> EXCEPTED SERVICE
18. REMARKS BY REQUESTING OFFICE (Continue in item F on reverse side, if necessary) SAPB				
19. REQUESTED BY (Signature and title) (Leave blank on resignations)			21. REQUEST APPROVED BY: SIGNATURE <i>Pedro P. Tenorio</i> TITLE: Governor	
20. FOR ADDITIONAL INFORMATION — CALL (Name and telephone number)				
PART II. TO BE COMPLETED BY PERSONNEL OFFICE				
(Items inside heavy lines in Part I above also to be completed)				
22. POSITION CLASSIFICATION ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> REALLOCATED <input type="checkbox"/> OTHER				
23. CLEARANCES		Initials or Signature	Date	24. REMARKS:
(A) CLASSIFICATION:				
(B) EMPLOYMENT/EMPLOYEE RELATIONS:				
(C)				
25. APPROVED BY: <i>Jesus P. Mafnas</i> 9/10/86				
PERSONNEL OFFICER		DATE		

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE CIVIL SERVICE COMMISSION
P.O. Box 150 CHRB, Saipan, MP 96950**

NOTIFICATION OF PERSONNEL ACTION

CSC-P-02

1. NAME: (CAPS) Last – First – Middle		Mr. Mrs. Miss	2. CITIZENSHIP	3. SERVICE COMP DATE	4. BIRTH DATE
TOMOKANE, Anicia Quitugua			U.S.		Month Day Year Oct. 18 '55
5. SOCIAL SECURITY No.	6. GROUP LIFE INSURANCE		7. HEALTH INSURANCE:		
586-10-9518 / 77702	COVERED		WAIVED Code No. _____		
8. NATURE OF ACTION: RESIGNATION			9. EFFECTIVE DATE Dec. 29, 1989		
10. FROM: POSITION TITLE & NUMBER SPECIAL ASS'T. FOR WOMEN'S AFFAIRS		11. PAY LEVEL/STEP UNGRADED	12. SALARY BI-WEEKLY : PER ANNUM: \$36,000.00		
13. NAME & LOCATION OF EMPLOYING OFFICE: WOMEN'S AFFAIRS OFFICE, OFFICE OF THE GOVERNOR			14. DUTY STATION SAIPAN		
15. TO: POSITION TITLE & NUMBER		16. PAY LEVEL/STEP	17. SALARY BI-WEEKLY : PER ANNUM:		
18. NAME & LOCATION OF EMPLOYING OFFICE:			19. DUTY STATION		
20. ELIGIBLE FOR LEAVE ACCRUAL: <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> PAY PERIOD 08		NO. OF HOURS PER XX SICK	NO. OF HOURS PER PAY PERIOD 04		
21. ACCOUNT CHARGEABLE: 1022-4110		22. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> CNMI Retirement <input checked="" type="checkbox"/> Other <input type="checkbox"/>			
23. REMARKS: EMPLOYEE IS ELIGIBLE FOR ALL LUMP SUM PAYMENT OF ACCRUED UNUSED ANNUAL LEAVE. 274.50 hours by Dec. 29, 1989 SICK LEAVE BALANCE OF 123. SHOULD BE CONVERTED TO EMPLOYEE'S YEARS OF SERVICE. hours					

- DISTRIBUTION:
 1. Employee
 2. Personnel-OPF
 3. Payroll
 4. Department Head
 5. Budget

ENTERED 20 DEC 1989

SIGNATURE: _____

 JESUS P. MARIVAS
 PERSONNEL OFFICER

DATE

12/18/89